


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000012522**  
 1. Entity Name  
**ROBERT F. JOHNSON HOLDINGS, LLC**



Principal Place of Business      Mailing Address  
**400 N. TAMPA STREET, SUITE 2300**      **400 N. TAMPA STREET, SUITE 2300**  
**TAMPA, FL 33602**      **TAMPA, FL 33602**



01002004 No Chg-LLC      CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3681474</b>	Applied For Not Applicable
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5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

5. Name and Address of Current Registered Agent  
**MCCAIN, CARTER B**  
**400 N. TAMPA STREET, SUITE 2300**  
**TAMPA, FL 33602**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, ROBERT F ONE KEY CAPRI, UNIT 309 EAST TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCAIN, CARTER B 400 N. TAMPA ST., SUITE 2300 TAMPA, FL 33602
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L0000006722  
 01/16/04-80047-014 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Carter B. McCain      **CARTER B. MCCAIN**      1/6/04      813 273 4226  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytona Phone #